

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Notice TB-966

For: NC State and County Offices

Tobacco Disaster Assistance Program (TDAP)

Approved by: Deputy Administrator, Farm Programs



1 Overview

A

Background

The Omnibus Consolidated Appropriations Act, 2000, directed the Secretary to use up to \$2.8 million of CCC funds as payments to eligible persons in the form of assistance for those pounds lost of 1999 marketing year flue-cured tobacco on crops that were harvested and placed in an auction warehouse and not sold because of hurricanes Dennis, Floyd, or Irene.

B

Purpose

This notice provides:

- instructions to State and County Offices for processing, approving, and making payments for TDAP
- program sign-up information.

Disposal Date

December 1, 2000

Distribution

NC State Office; State Office relay to applicable
County Offices

Notice TB-966

2 County Office Action

A Action

County Offices shall:

- publicize TDAP provisions and sign-up information by all means possible
 - provide assistance to producers in completing CCC-550 (Exhibit 1)
 - report to the State Office, using Exhibit 2, the total of approved pounds of eligible tobacco that was lost **no later than COB on July 19, 2000**
 - issue payments upon forthcoming instructions.
-

B Sign-up Period

Applications:

- **may be filed beginning June 19 through July 10, 2000**
 - will be considered timely filed when the producer has signed and dated a completed CCC-550 **by close of business on July 10, 2000.**
-

C Definition of Qualifying Tobacco

Qualifying tobacco is 1999 marketing year flue-cured tobacco that was placed in a warehouse and not sold but was subsequently lost because of a natural disaster caused by hurricane Dennis, Floyd, or Irene.

D Eligible Producer

A flue-cured tobacco producer who possessed a beneficial interest in the 1999 marketing year crop may apply for TDAP at the FSA County Office that is the administrative office for the farm on which the tobacco was produced by completing CCC-550.

Note: Each producer with a share in a farm's planted acreage shall make separate application for those pounds of qualifying tobacco that were lost.

Continued on the next page

2 County Office Action (Continued)

E

Verifying Loss

An application for TDAP shall **not** be considered to be complete unless it is supported by either of the following:

- documentation of the loss
 - a certification from a third party with personal knowledge of the loss.
-

F

Documentation

For purposes of verifying a loss, applicants shall submit supporting documents with the application. Failure to provide documentation that is satisfactory to COC will result in disapproval of the application.

Examples of supporting documents include, but are not limited to, the following:

- auction barn floor sheets
- transportation receipts
- any other documents that confirm the presence of the tobacco on the warehouse floor and its subsequent loss.

Note: Tobacco **must not** have been sold.

G

Third Party Certification

Applicants, who have lost supporting documentation because of a disaster that caused the loss of the tobacco for which application is being made, may provide a third party certification that is subject to review by COC. Third party certification shall consist of independent verification of the amount of tobacco delivered to the warehouse. Examples of such certification from a third party include, but are not limited to, the following:

- date of delivery
 - name of the warehouse
 - any other certification that would confirm the presence of the tobacco on the warehouse floor and its subsequent loss.
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Continued on the next page

2 County Office Action (Continued)

H Determining Payment Amounts

The payment amount for an approved loss shall be determined by TPD. TPD will apportion available funds on a poundage basis among all timely filed claims. If the value of all approved claims exceeds available funds, payments will be factored.

Note: Instructions for calculating and issuing TDAP payments to producers, including a factor, if applicable, and an accounting code, will be forthcoming.

I Offsets and Assignments

If a producer is indebted to the U. S., including CCC and FSA, TDAP payments shall be offset. A producer may assign payments which are **not** subject to offset.

Note: Assignment of a TDAP payment must be done before the COC approval of the application.

3 State Office Action

A Action

State Office shall:

- publicize TDAP provisions and sign-up information by all means possible
 - report to TPD, using Exhibit 3, the total of approved pounds of eligible tobacco that was lost **no later than COB on July 21, 2000**
 - notify County Offices of:
 - approved payment rate
 - authorization to issue payments.
-

Completing CCC-550, Tobacco Disaster Assistance Program Application

**A
Preparing
CCC-550**

The blocks on CCC-550 that require explanation are described in this exhibit; all other items are self-explanatory. Blocks are referred to by the item (letter, number) corresponding to those on CCC-550.

Item	Instructions
Part A	County FSA Office shall complete Part A.
3	Enter the date on which the completed application was received by the County Office.
Part B	Producer is to complete Part B.
4	An e-mail address is voluntary.
Part C	Third party certifying to the loss must complete Part C.
13	An e-mail address is voluntary.
14	Third party certification is to provide: <ul style="list-style-type: none"> • verification of the amount of tobacco that was lost • how, when, and where the tobacco was lost.
Part D	COC shall complete Part D.
Part E	County FSA Office shall complete Part E.
19	Enter percent of share in tobacco.
20	Enter the approved payment rate upon notification by the State Office.
21	Issue payment in this amount.

Continued on the next page

Completing CCC-550, Tobacco Disaster Assistance Program Application (Continued)

B
Example of
CCC-550

REPRODUCE LOCALLY. Include form number and date on all reproductions.		Form Approved - OMB No. 0560-0058		
CCC-550 U.S. DEPARTMENT OF AGRICULTURE (06-01-00) Commodity Credit Corporation		Part A - General Information (To be completed by County FSA Office)		
TOBACCO DISASTER ASSISTANCE PROGRAM APPLICATION		1. County FSA Office Name and Address		
		2. State and County Code	3. Date Received by FSA County Office	
See Reverse for Privacy Act and Public Burden Statement				
This form is for Tobacco harvested and placed in a Warehouse, but not sold, lost due to Hurricane Dennis, Floyd or Irene.				
Part B - Notice of Loss (To be completed by Producer)				
4. Producer Name and Address (Including ZIP code)		5. Farm Number	6. Social Security Number or EIN	
Telephone No. ()		7. Kind of Tobacco	8. Crop Year	
E-mail Address :				
9. Give Details Concerning the Tobacco Loss: (Producer is to explain how, when, and where the tobacco was lost. If additional space is needed, attach a sheet of paper to the application; include FSN, producer name, and SSN or EIN.)				
10. Report of Tobacco Loss:				
A. Warehouse ID Number	B. Name and Address of Tobacco Warehouse	C. Date of Loss	D. Pounds Lost	E. Percentage of Share
				%
				%
				%
				%
				%
				%
11. Give Details Concerning Disposition of Tobacco: (Producer is to explain how the tobacco was destroyed. If additional space is needed, attach a sheet of paper to the application; include FSN, producer name, and SSN or EIN.)				
12. Producer Signature		Date		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 725-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 725-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>				

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Completing CCC-550, Tobacco Disaster Assistance Program Application (Continued)

B Example of CCC-550 (Continued)

CCC-550 (06-01-00) Reverse			
Part C- Third Party Statement and Certification (I hereby certify that under civil and criminal penalties provided by Federal law that the information given is true, correct, and complete to the best of my knowledge and belief). I have no current or former interest in the tobacco for which this application is being made."			
13. Third Party Name and Address (Including ZIP code)			
Telephone Number: ()			
E-mail Address:			
14. Give Details Concerning Tobacco Harvested and placed in a Warehouse by the Applicant, but not sold:			
15. Third Party Signature		Title	Date
Part D - COC Approval/ Disapproval of Application for Tobacco Disaster Assistance Program Payment			
16. COC Action			
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	
17. COC or Representative Signature			Date
Part E - Payment Calculation (To be completed by County FSA Office)			
18. Eligible Pounds	19. Share	20. Payment Rate	21. Payment
X		X	=
		% \$	\$
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 106-113. The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.			
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.			

TDAP Report, County Office to State Office

The County Office shall FAX the TDAP Report to the State Office.

County Name: _____

County Code: _____

1. Total Farms Eligible: _____

2. Total Producers Eligible: _____

3. Total Pounds Approved: _____

Remarks:

CED Signature

Date

TDAP Report, State Office to TPD

The State Office shall FAX the TDAP Report to TPD.

1. Total Farms Eligible: _____
2. Total Producers Eligible: _____
3. Total Pounds Approved: _____
4. List of Counties With Approved Applications:

Remarks:

SED Signature

Date